

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 08/08/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 08/09/2005					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8518	14	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	26	51
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			25
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	1
3404910	PATHWAYS	8621	22	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			1
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	61	720
		8934	12	CDTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404912	CATAWBA COUNTYM ENTAL HEALT	143	137	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
		8931	121	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	123	355	3746
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			3391
3404913	MECKLENBURG COM ENTAL HEALT	11	246	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	539	1841
		191	61	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			1302
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404917	CENTERPOINT HUM AN SERVICES	21	396	DUPLICATE OF CLAIM-SYSTEM			
		8599	139	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	35	804	4910
		11	84	CLIENT NOT ELIGIBLE ON SERVICE DATE			4106
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	38	175	2984	2809
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	68	68	0
3404921	ORANGE PERSON C HATHAM AREA	8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	75	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	48	364	3399	3035
		21	53	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8599	448	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	46	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	592	5643	5051
		11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MH	120	2915	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		21	51	DUPLICATE OF CLAIM-SYSTEM	1	3066	4868	1802
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	21	7830	DUPLICATE OF CLAIM-SYSTEM				
		120	586	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	20	9336	18200	8864
		11	380	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	690	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	517	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	774	2415	14411	11996
		21	352	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	21	199	DUPLICATE OF CLAIM-SYSTEM				
		8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	627	5566	4939
		23	69	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	16	78	743	665
		8621	1	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC BILLING OF	11	157	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	30	453	1964	1511
		21	88	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	9	37	1215	1178
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8329	65	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	212	1262	1050
		8621	16	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8951	39	CLIENT ONLY ENROLLED IN AN INA CTIVE POP GROUP. PLEASE CHECK CLIENT ELIGIBILITY AND ENROLLM				
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	32	95	921	826
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	93	DUPLICATE OF CLAIM-SYSTEM				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	99	971	872
		8651	1	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	131	650	519
		8622	13	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	96	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	19	393	793	400
		191	57	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	28	1554	1526
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	39	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	29	DUPLICATE OF CLAIM-SYSTEM	46	138	1122	984
		8931	28	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	6	DUPLICATE OF CLAIM-SYSTEM				
		5404	6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	17	141	124
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TMC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	11	738	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	748	922	174
		23	5	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404957	TIDELAND MENTAL	8935	40	ASTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8599	27	DETAIL NOT COVERED BY COMBINAT	49	107	322	215
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	17	DUPLICATE OF CLAIM-SYSTEM				